

Applied Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/13/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology And Pain Management

Description of the service or services in dispute:

Injection--SI Joint

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

On XX/XX/XX, the provider noted the patient was being followed for chronic low back pain and sacroiliitis. The patient underwent a right SI joint injection in XX/XXXX which gave him 60% to 90% improvement. The patient was re-examined on XX/XX/XX, and was found to have a positive flamingo test, as well as a pelvic rock and pelvic distraction. The patient was recommended a repeat right SI joint injection.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The previous request was denied based on there was insufficient evidence to evaluate validity or utility of therapeutic sacroiliac joint blocks. The patient had low back pain and bilateral lower extremity pain, and pain generators were not defined sufficiently. Based on the clinical notes submitted for review, the patient presented on XX/XX/XX complaining of chronic lumbar pain with right greater than left. The patient had a positive flamingo test, Patrick's test, pelvic distraction and pelvic rock test. The range of motion was flexion 40 degrees and extension 10 degrees. The Official Disability Guidelines recommend injections for inflammatory spondyloarthropathy (sacroiliitis) on a case by case basis. The patient underwent a sacroiliac joint injection in XX/XX/XX which provided 60% to 90% improvement. Given the patient presented with symptoms consistent with sacroiliitis, and had benefit from previous injection, the request for a repeat injection is supported at this time. Therefore, the previous determination is overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)